

Rec'd PCT/PTO 01 OCT 2004

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/509869

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20=	14
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

SMALL ENTITY

TYPE

OTHER THAN

OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE		OR BASIC FEE	950
XS 9=		OR XS18=	252
X43=		OR X86=	
+145=		OR 300	300
TOTAL		OR TOTAL	

OTHER THAN

SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

ADDITIONAL FEE

ADDITIONAL F

10/509869
Docket No. PCT/PTO 01 OCT 2004

PTO/SB/06 (08-00)

Approved for use through 10/31/2002, OMB 0651-0032
U. S. Patent and Trademark Office, U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number 9-15186-21US				
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR		NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES	
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ 950	
TOTAL CLAIMS (37 CFR 1.16(c))		18	minus 20 = * 0	x \$ 0 =	0	OR x \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		3	minus 3 = * 0	x 0 =	0	OR x _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0				+ _____ =		OR + _____ =		
				TOTAL	0	OR TOTAL	950	
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL ENTITY		OTHER THAN SMALL ENTITY		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR x \$ _____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =		OR + _____ =		
				TOTAL	0	OR TOTAL ADDITIONAL FEE	0	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR x \$ _____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =		OR + _____ =		
				TOTAL	0	OR TOTAL ADDITIONAL FEE	0	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR x \$ _____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =		OR + _____ =		
				TOTAL	0	OR TOTAL ADDITIONAL FEE	0	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.